

First Citywide Comprehensive Substance Abuse Strategy for the District of Columbia

EXECUTIVE SUMMARY

A SUBSTANCE ABUSE STRATEGY FOR THE DISTRICT OF COLUMBIA

In response to the impact of substance abuse on the District's health, safety, and financial stability, Mayor Anthony Williams appointed an executive-level task force to prepare and recommend the citywide Substance Abuse Strategy (Strategy) and budget. In May of 2001, Mayor Anthony Williams established the Interagency Task Force on Substance Abuse Prevention, Treatment, and Control (Task Force) and formally commissioned the group to oversee the District's substance abuse policies and interagency and intergovernmental substance abuse activities. According to the mayor's order, the Task Force is charged with "enhancing the effectiveness of the city's health, social service, and criminal justice system by monitoring use of federal grant funding together with local funding to implement innovative substance abuse programs." Furthermore, the mayor's order requires the Task Force to "establish well-defined performance outcome measures that will facilitate an assessment of costs and benefits in investments in substance abuse prevention, treatment, and control."

A RESULTS-DRIVEN STRATEGY

The Task Force has worked closely with the mayor's staff as well as with a wide variety of experts and stakeholders to develop a substance abuse strategy that is both accountable to taxpayers and well-coordinated with existing District agency plans and budgets. At a minimum, the Strategy is designed to address two enormous and perhaps ambitious challenges by 2010: reducing the city's addicted population by 25,000 from an estimated baseline of 60,000 and reducing the cost of substance abuse by \$300 million from an estimated baseline of \$1.2 billion. To aid in the accomplishment of these outcomes, the Strategy also targets the overall rates of substance use among District youth ages 12 to 17; the Strategy seeks to reduce this population's substance abuse prevalence by 20 percent and increase the average age of new substance abuse initiation for alcohol, tobacco, and marijuana by one year.

The Mayor's Substance Abuse Strategy for the District represents a firm commitment to address *both* public safety and public health aspects of substance abuse. Therefore, the Strategy's line of attack relies on the four elements necessary for a balanced approach: prevention, treatment, law enforcement and regional activities. His selection of Task Force leadership reflects this comprehensive view. Department of Health Director James A. Buford and Metropolitan Police Department Chief Charles H. Ramsey are working in close collaboration with the mayor's staff and District agencies to ensure a fair and balanced plan.

DC Drug Fact: The overall illicit drug use rate of 9.6 percent in the District is a striking 52 percent higher than the nationwide rate of 6.3

DC Drug Fact: Approximately 60,000 residents – nearly one in ten – are addicted to illegal drugs or alcohol.

FIRST SURVEY OF THE DISTRICT SUBSTANCE ABUSE PROBLEM

The Task Force needed to fully understand the District's substance abuse problem to formulate an effective strategy as well as to track its progress. In December of 2000, the DC Department of

Health engaged Westcom International, Ltd. to conduct the nation's first-ever, comprehensive citywide household survey on substance abuse. The results of the survey of 1,535 District households revealed startling information. For illegal drugs alone, the rate of *addiction* in DC is nearly 40 percent higher than the rate of addiction for the nation that same year. Nine percent of District residents report a dependence on drugs and alcohol, compared with a national estimate of 4.8 percent identified by the federal government's 2000 National Household Survey on Drug Abuse. Moreover, one out of six adolescents—children between 12 and 17 years old—reported having consumed alcohol in the month leading up to the survey and 7 percent reported using an illicit drug within the past month.

FIRST INVENTORY OF SUBSTANCE ABUSE PROGRAM SPENDING

The Task Force required an analysis of the District's substance abuse programs and governmental expenditures to properly inform the Strategy. Each District agency provided the Task Force with an inventory of substance abuse-related programming and financial figures. The analysis of this information revealed substance abuse-related expenditures of \$356 million in Fiscal Year 2003. It must be clearly understood, however, that the \$356 million includes an extensive array of programming that targets substance abuse secondarily to other issues. In other words, only \$53 million, or 15 percent, of the total \$356 million expenditure can be tied to programs whose primary focus is substance abuse-related. Furthermore, only \$35 million of the \$53 million is dedicated solely to the direct provision of substance abuse treatment programs.

FIRST SET OF COMPREHENSIVE LONG-TERM SUBSTANCE ABUSE GOALS

To guide the District's substance abuse activities over the next several years, the Task Force, based upon input from a wide range of stakeholders, has identified the following four strategic goals:

DC Drug Fact: For first-time drug use—"substance abuse initiation"—the DC Household Survey reveals that initiation occurs at an earlier age for DC youth than for youth across the nation.

District's Substance Abuse Strategy Goals

- Goal #1:** Educate and empower District of Columbia residents to live healthy and drug-free lifestyles.
- Goal #2:** Develop and maintain a continuum of care that is efficient, effective, and accessible to individuals needing substance abuse treatment.
- Goal #3:** Increase the public's safety and improve treatment access for offenders to ensure fair and effective administration of justice in the District.
- Goal #4:** Encourage a coordinated and focused regional response to the problem of substance abuse

POLICY AND PROGRAM PRIORITIES

To achieve the four Strategy goals, the Task Force identified policy and program priorities. The following includes some of the activities that support the Task Force's plan of action:

- The Addiction, Prevention and Recovery Administration (APRA) as well as other District agencies with prevention activities, will double the number of appropriate evidence-based prevention programs in the District by fall 2005.

- APRA will add an additional 164 treatment slots—creating the capacity to serve 325 adolescents per year--by the end of 2003.

- The Department of Mental Health and APRA will help individuals with co-occurring disorders through a newly implemented joint-initiative based on the Comprehensive, Continuous, Integrated System of Care model.

- The District will streamline APRA into a “true” single state agency to increase focus on management versus delivery of prevention and treatment services.

- The Metropolitan Police Department’s (MPD’s) Community Partnership Project will target open-air drug markets and work closely with Neighborhood Services to broaden community involvement, build community capacity, and initiate long-term prevention efforts.

- The MPD’s undercover Narcotics Strike Force will refine tactics in its work with the Homicide Investigation Unit to gain information on homicides and reduce the violence associated with drug dealing.

- Through an effort spearheaded by the Office of the Deputy Mayor for Children, Youth, Families, and Elders and the DC Family Court, APRA is collaborating with the Child and Family Services Agency, the Departments of Mental Health and Human Services, and other critical stakeholders to support the implementation of a new Family Treatment Court based on best practices.

- A single information system that provides improved access to data across criminal justice agencies will be developed through the efforts of a working sub-group of the Mayor’s Criminal Justice Coordinating Council (CJCC).

- The District will work in partnership with local organizations, both non-profit and university based, to study the similarities and differences among anti-substance abuse laws across the region and determine what changes and adjustments are required to produce a region-wide united front against substance abuse.

- The CJCC and APRA will work with regional planning groups, including the Metropolitan Washington Council of Government’s Substance Abuse Treatment Committee, to identify and resolve specific barriers to treatment access, referral, and service delivery.

FIRST PERFORMANCE MEASUREMENT AND ACCOUNTABILITY SYSTEM

The Task Force will track the Strategy’s progress toward the achievement of three results by 2010. Accordingly, the Task Force has instructed APRA, with the concurrence and support of other District agencies, to improve three Strategy performance measurement tools as follows:

- **Estimating Social Costs of Substance Abuse:** The Task Force directs APRA to take the lead for developing a biennial estimate of social costs in the District and to report biennially to it for purposes of tracking the Strategy’s progress. The first estimate is expected by spring 2005.

- **Counting the Number of Addicted Individuals:** The Task Force directs APRA to develop recommendations on how to improve estimates of the number of individuals addicted to substances. The first estimate is expected by spring 2005.

- **Monitoring Youth Substance Use:** The Task Force will monitor the 12 to 17 age cohort of the DC Household Survey to determine the success of programs targeting youth. The Task Force directs APRA to develop recommendations by fall 2003 on how the District may conduct biennial substance use surveys. The first estimate is planned for fall 2004.

THE ROAD AHEAD

Finally, the mayor intends to rely on the Task Force to manage and oversee substance abuse efforts in the District and to report on the District's progress toward achieving results. Over the next year, its efforts and responsibilities will include the following:

- **Annual Report to the District:** The Task Force will prepare an annual report to the District on its progress in achieving results and biennially discuss those results as defined by the performance outcomes.

- **Budget Review:** The Task Force will prepare annually a consolidated substance abuse budget describing government expenditures in the District to include local and federal expenditures. The Task Force will work with the city administrator to help coordinate the mayor's budget priorities for substance abuse.

- **Action Plans:** The Task Force will convene regular meetings of the prevention, treatment, criminal justice, and regional Working Groups to build "action plans" for each objective by logically outlining what activities and outputs should occur, by whom, and by when.

- **Data Analysis:** The Task Force will coordinate the biennial collection of data to illuminate the nature and extent of substance abuse and drug trafficking in the District. It will oversee the collection of local data and coordinate with national organizations for assistance in data collection.

The District has completed the first two phases of its substance abuse-related strategic planning process (see Figure 1). More must be done and the Task Force members are committed to seeing that it is. Although many government-generated reports are quickly forgotten, the Task Force, according to the mayor's order, will report regularly on the District's progress toward achieving results and continue to consult with the stakeholders to whom it is accountable, and who stand to gain the most by the Strategy's advances and outcomes.

DC Drug Fact: Eighty-five percent of foster care placements in the District are connected with substance abuse.

DC Drug Fact: The social costs of drug and alcohol abuse are estimated to exceed \$1.2 billion.